State of California, Department of Corrections — Institution: RJDCF Prior Page Number: ____

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams

Use Name & Title Stamp:

Date/Time:	
2-4-05	Min MSE: I/P is in NAD, but focuses
cont'd	on desire for improved situation.
	No SI/HI/AH/VH/delusions. Thinking
	logical, IQ is WNL. Judgement & insight
	are limited.
	Fam hx: I/P reports father is Dx
	c̄ "paranoid schizophrenia", & had
	problems c̄ EtOH, & Rx'd c̄ Prozac
	& Klonopin.
	I/P denies SE c̄ Prozac or Seroquel
	A. I Mood disorder NOS
	R/O Adjustment issues
	II Deferred
	III. h/o of asthma
	IV. first term
	V. 60
	Plan: ↑ Prozac, D/C Seroquel add
	Remeron. RTC-1 3 week.
	CColin
	Page # 2 of 2

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: James MI: CDC # V-72323 DOB _/_/_

DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
10/16/07	1055	F/U re: Wellbutrin (for Dr Sugarman)
		(S) "I'm upset about legal stuff"
		(O) Pt c/o depression/anxiety re: "legal stuff" + "some paranoia".
		Denied AH, VH, SI, HI. We discussed at length - CDCR
		mandated D/C of Wellbutrin (ie becomes nonformulary 11/1/07)
		Discussed changing his medication to Effexor XR - potential
		benefits/SE's. Pt stated he would take Wellbutrin until
		it will no longer be available 11/1/07, but refused another
		antidepressant (briefly considered Prozac, then declined it, too).
		He signed a Refusal form, clearly stating he is aware Wellbutrin
		will be nonformulary (explained to him) + not available as of 11/1/07,
		but that he wants no other antidepressant medication.
		(A) MDD c psychotic features PTSD
		(P) Pt was encouraged to consider another antidepressant, &
		to let psych services know if he changed his mind.
		Will ask that pt be ducated in ASAP to see his
		regular psychiatrist (after he returns in early Nov.) for F/U.
		B J Williams M.D.

INSTITUTION	CLINICIAN	BED NUMBER	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
CMC-E			Cunningham, James V-72323 2-16-58

INTERDISCIPLINARY PROGRESS NOTES

CDCR 7230 MH (Rev. 06/06)

Confidential Client/Patient Information

DATE	TIME	
9/4/07	1100	Psychiatry followup: PD: 11/2014
		S/O: overall, more relaxed. less paranoia, 'no longer bitter.' California Supreme court turned down his appeal, peers help him with his 'case.' Had 6 months 'dead time' in AD SEG, 'don't need to shoot myself in the foot no more.'
		Pleasantly animated. relevant associations neatly groomed. 'I have a little path I want to go down for a change.' Proud of avoiding confrontation with staff in library. Has lost 23 lbs, riding bike in physical therapy, knee is mostly rehab'd
		AH: names called in sleep, on one occasion confronted cellie. sleep: up 2 AM, then returns. Appetite unchanged.
		No SI, HI. Paranoia is improved, no longer personalizing others' comment. Doing well in school. Will being removed from [illegible] discussed. Good med compliance.
		A: MDD with psychotic features, remains stable, PTSD [illegible] asthma overweight
		P: continue, for now, bupropion [illegible] (depression), quetiapine 600 mg (AH, paranoia), diphenhydramine 100 mg (initial insomnia). return in 10 to 12 weeks. check labs next time.
		[signature] MD
		B. Sugerman, M.D.

INSTITUTION

HOUSING UNIT

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Cunningham, James

V72323

INTERDISCIPLINARY PROGRESS NOTES

CDC 7230 (Rev 04/03)

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
6/7/07		[illegible] (initial [illegible]) return in 10 to 12 weeks [signature] MD B. Sugerman, M.D.
~~[illegible]/07~~		~~Psychology F/U: I/P is new to me having arrived when I was on extended medical leave 7388 [illegible] 1/17/07~~ error [initials]
8/1/07		Attempted F/U but unable to make contact w/ IM despite pages. IM will be rescheduled [signature] PhD
8/21/07		IM/Pt seen for 1:1 F/u - he has adjusted to program as well as school assignment; he is making high scores on tests/assignments. Mood/affect positive. F/u 90 days [signature] PhD

INSTITUTION	CLINICIAN	BED NUMBER	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
			Cunningham, James V72323

INTERDISCIPLINARY PROGRESS NOTES
CDCR 7230 MH (Rev. 06/06)
Confidential Client/Patient Information

No UHR

DATE	TIME	COMMENTS (USE S. O. A. P. E FORMAT)
7/18/07	1530	IM/Pt seen for 90 day 1:1. Comes to session w/ smile and apology for being resistant/angry last session re not wanting to be in school. Has started class, enjoying it a lot invested in learning, happy to be productive. Explored recent example of anger he deals w/ and did some cog behavioral Tx re "shoulds" - able to laugh at self, understand thinking error & commit to […] re this. Mood/affect very good. Committed to improving life. F/U in 1 mo. [signature] PhD

INSTITUTION	CLINICIAN	BED NUMBER	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
			Cunningham

INTERDISCIPLINARY PROGRESS NOTES

CDCR 7230 MH (Rev. 06/06)

Confidential Client/Patient Information

DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
6/7/07	0935	Psychiatry followup:
		S/ To see Dentist today for toothache. Has
		not had physical therapy to follow up left knee
		arthroscopic surgery. Still has muscle cramps.
		Has regular MD "is out with cancer" - school stresses?
		Agreed to stay with it, "enjoy it" then walk,
		with possibility of "PIA vocational class" to improve TABE
		"I wrestled with it." "I won't see myself the body,
		shoot myself in the foot with a 115" [illegible]
		Goal is to get to Level 2, deal with anger issues.
		Good med compliance. Sleep, Appetite are good. No
		SI, HI. AH, paranoia? "shrugging that off". Side
		effects? Denies. Needs Diphenhydramine renewal
		approved. Has completed Habeas Corpus writ, accepted by
		court. Family may visit. "I have a lot to be excited
		about." He is exercising. Linear thoughts, neatly
		groomed, polite. Good med compliance per MAR.
		weight 268. (BSS(sic)) unremarkable.
		A: MDD with psychotic features, stable
		PTSD, Hep C, asthma, overweight, [illegible]
		P: continue quetiapine 600 mg (AH/paranoia),
		bupropion 300 mg (depression), diphenhydramine 100 mg

INSTITUTION	CLINICIAN	BED NUMBER	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
			(cont'd) Cunningham, James V72323

INTERDISCIPLINARY PROGRESS NOTES
CDCR 7230 MH (Rev. 06/06)
Confidential Client/Patient Information

DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
4/24/07 Con't		that IM/Pt suffers some humiliation because of his school performance/ loss of face however no MMI interference seems to be present. Will redirect to IDTT to discuss options. T.C. to teacher (Mr DuBois x4625) who describes IM as resistant & not wanting to be in school but otherwise cites no problem. [signature] PhD
4/26/07		IM/Pt seen by IDTT - informed after review & discussion that there is no MH reason to remove IM/Pt from education. Referred him to CCI to explore further options. [signature] PhD [signature] MD

INSTITUTION	CLINICIAN	BED NUMBER	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
			Cunningham, J. V72323

INTERDISCIPLINARY PROGRESS NOTES
CDCR 7230 MH (Rev. 06/06)
Confidential Client/Patient Information

DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
4/24/07		C-file review – RJDRC 4-4-05, SCC 7-8-05, arrived CMC 1-12-07 EPRD 12-30-14,
		4yr + 8yr = 12 yr term Assault w/ firearm (9-12-04)
		2 strikes
		Juv. Hx from 1976 – last 115 10-22-06 Disobeying Order
		[Appears from Crim investigation write up that this sentence was for threatening a neighbor w/ a shotgun – reads like off the wall event until you read IM's description which makes more sense – however trial was by jury so I/s convinced 12 others re their version]
		Chronos indicate some history of med holding by cheeking '05 + '06
		TABE SCC 4.5 reading } 7-13-05 3.4 overall }
		SCC 6.2 } 8-17-06 5.4 overall }
12-05-01-06		Prior school placement Chronos = + progress

INSTITUTION	CLINICIAN	BED NUMBER	CDC NUMBER NAME (LAST, FIRST, MI) AND DATE OF BIRTH
			Cunningham, J. V72323

INTERDISCIPLINARY PROGRESS NOTES
CDCR 7230 MH (Rev. 06/06)
Confidential Client/Patient Information

#3

DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
4/19/07		IM/Pt seen briefly in IDTT re school issue. Assigned CM has not yet evaluated IM/Pt or reviewed UHR or Cfile. Appointment will be scheduled during coming week and IM/Pt's academic status assessed. May be returned to IDTT for action re this if needed. [signature] PhD
4/24/07	10:40–11:00	IM/Pt seen 2° to academic issue. C-file reviewed as well as UHR. IM/Pt insists he shouldn't be in school – "50 yrs old" "never good at school," "need to move," "won't do anything for me on street." IM/Pt suggests this assignment is "torture for him & describes some anxiety symptoms – sweating, not liking people too close; however, primarily seems he just doesn't want to be in school & rejects offers to assist his adjustment w/ TX 1:1, group, meds. Appears

INSTITUTION	CLINICIAN	BED NUMBER	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
			Cunningham, J V72323

INTERDISCIPLINARY PROGRESS NOTES

CDCR 7230 MH (Rev. 06/06)

Confidential Client/Patient Information

DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
4/5/07	1045	Psychiatry referral
		S/O Referred by his teacher, that patient reluctant
		to go to school environment, anxious, stated
		patient "wants to do things right." Per patient,
		"it felt stifling, paranoia [illegible] [illegible] & [illegible]
		[illegible] or [illegible]" much more
		comfortable working. Will have surgery on left knee
		meniscus in [illegible]. No SI/HI, no AH, no paranoia
		outside of school setting. Perspiring. Linear thought.
		Appears anxious.
		A: Cognitive limitations compounded by
		psychiatric fragility seem to preclude patient
		being in school at this time.
		P: Patient given [illegible] & [illegible]. Message
		left for Mr. [illegible] to see patient,
		consider for reassignment.
		[signature] MD B. Sugerman, M.D.

INSTITUTION	CLINICIAN	BED NUMBER	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
			Cunningham, James V-72323

INTERDISCIPLINARY PROGRESS NOTES
CDCR 7230 MH (Rev. 06/06)
Confidential Client/Patient Information

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
4/2/07	—	continued:
		P - Pt patient request with increase
		Diphenhydramine to 100 mg for insomnia
		Continue bupropion 300 mg (depression)
		quetiapine 600 mg ([illegible]) (psychosis)
		return in 10 to 12 weeks
		[signature] MD
4/12/07	9:45am	CCCMS I/R (S) "I'm still having trouble
		with school. I cannot stand to be
		there. It really stresses me out
		& makes me paranoid. I would like
		to be anywhere else. I have auditory
		hallucinations & I'm paranoid a lot
		of the time." (O) cooperative, oriented, alert.
		(A) MDD w/psychotic features. Reports some
		depression & reports on going paranoia.
		No SI (P) Requests IDTT to discuss his
		school situation (E) Discussed techniques
		for managing conflicts w/ custody & Psych Techs
		[signature] LCSW

INSTITUTION	CLINICIAN	BED NUMBER	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
			Cunningham, James V72323

INTERDISCIPLINARY PROGRESS NOTES

CDCR 7230 MH (Rev. 06/06)

Confidential Client/Patient Information

State of Ca[...]rnia Department of Corrections & [...]habilitation
Sierra Conservation Center Progress Note

Date: 12/11/2006 Time: 1330 EPRD: 1/1/ Controlling Case:

S: Patient ID 48 y/o ☐Single/☐Married/☐Common Law/☐Divorced; Children:

HPI & Complaints: [source of information is the patient]

Sleep Problem: ☑None/☐Getting to sleep/☐Staying asleep/☐Early wakening/☐Nightmares

Appetite: ☑Normal/☐Increased/☐Decreased; Energy Level: ☐Normal/☐Increased/☐Decreased

Mood: ☑normal ups and downs/☐Increased anxiety/☐Frequent changes from too euphoric to too depressed/☐Hopeless/ ☐Helpless ☐Feelings of worthlessness/☐Preoccupation with death/☐Passive S/I/☐Active S/I/☐ Suicide Plan/☐Tearful/☐Worries about health/☐Poor concentration/☐Racing thoughts//☐Difficulty controlling anger

Stressors: I/m reported he is doing well but is not getting his wellbutrin + wants it. He is looking forward to transfer

Drug History: Alcohol Abuse:☐Yes/☐No; D.O.C.: ☐Cocaine/☐Heroin/☐Marijuana/☐Methamphetamine ☐PCP

Allergies ☐ NKDA; **Seizure d/o:** ☐Yes/☐No

Current Psych Medications: ☐None/☐Abilify/☐Benadryl/☐Celexa/☐Depakote/☐Effexor XR/ ☐Elavil/ ☐Geodon/ ☐Lexapro /☐Lithium /☐Paxil /☐Prozac/☐Remeron/☐Risperdal/☐Seroquel/☐Trazodone/ ☐Tenex/☐Vistaril ☐Wellbutrin/☐Zoloft/☐Zyprexa

Side Effects: ☐ Yes ☐ No

Suicide History: ☐ Denies h/o any past suicide attempt;

O: Mental Status Exam

Appearance	☑ Average, well formed physically ☐ Obese ☐ Poorly groomed ☐ Facial tattoo, Piercing ______	
Behavior	☑ Cooperative ☐ Appropriately friendly ☐ reserved ☐ Avoidant	
Eye Contact	☑ Normal ☐ Poor	
Speech	☑ Normal rate, volume, latency, and tone ☐ Rapid, pressured speech ☐ Slow ☐ increased paucity	
Motor	☑ Without Involuntary movements ☐ PMA ☐ PMR ☐ tremor	**AIMS SCORE**
Mood today is	☑ Euthymic ☐ Dysphoric ☐ Dysthymic ☐ Euphoric	
Affect	☑ Full range ☐ Constricted ☐ Blunted ☐ Flat ☑ Mood congruent ☐ Mood Incongruent	
Thought Processes	☑ Goal directed, linear ☐ Tangential ☐ Circumstantial ☐ L.O.A.	
Thought Perception	☑ No Delusions ☐ Delusions ☐ Illusions	
Thought Content	☑ No Hallucinations ☐ A.H. ☐ V.H.	
Suicidal Ideation	☑ Denies, currently stable, NO SI ☐ SI	☐ Intent ☐ Means ☐ Plan
Homicidal Ideation	☑ Denies any, at present time, None evident ☐ HI	☐ Intent ☐ Means ☐ Plan
Insight	☑ Good ☐ Limited ☐ Poor	
Judgment	☑ Good ☐ Limited ☐ Poor	

LAB RESULTS:

ASSESSMENT

Axis I Depression d/o NOS

Axis II ☐ Deferred

Axis III

Axis IV Incarceration Yrs: Mos: ☐ Uncertain about date of parole.

Axis V Current GAF = 58

PLAN ☐ **Labs Ordered** **RTC:**

☐ Continue current psych med regimen ☐ Revise current psych med regimen

☐ Patient noted to show improvement and progress on current medications.

Rationale for revision / continuing:

I/m stable on meds

PATIENT EDUCATION

☐ Medication Informed Consent Obtained

☐ Patient educated about the nature of his mental illness; risks, benefits, and alternatives to treatment options, most common and serious side effects discussed including but not limited to carbohydrate metabolism and potential suicidality.

☐ sleep hygiene ☐ compliance ☐ relapse prevention

☐ Patient refuses psych meds, does not meet criteria for Keyhea, & Med Refusal form is in file.

Print Name: MICHAEL W. MADDOX, M.D. **Signature:** Michael Maddox, MD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [26 March 2006] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE: ☐ Inpatient ☑ Outpatient	Name: CUNNINGHAM, JAMES DOB 2-16-58 CDC # V72323 Date: 12-11-06

PSYCHIATRY

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
12-8-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
	Appearance ☑ WNL
	Behavior ☑ WNL
	Mood ☑ WNL
	Sleep ☑ WNL
	Appetite ☑ WNL
	Affect ☑ WNL
	Suicidality ☑ None noted or stated
	Hallucinations ☑ None
	Delusions ☑ None
	Medications ☑ Helpful
	Referral to psychiatrist needed ☐
	Progress of identified problems/needs/issues (see MH2)
	COMMENTS: Seen at cell front:
	Doing fine, no problems to report. Appeared
	alert and calm. Accepted an individual
	visit.
	L. Allen, Ph.D
	Staff Psychologist
	Sierra Conservation Center
	Page #

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96]	LEVEL OF CARE	Last Name: First Name: MI: Cunningham
	CCCMS	
Confidential Client/Patient Information See W & I Code, Section 5328	EOP Outpatient	CDC # V-72323 DOB __/__/__

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.
SCC

Weekly Summary of Psych Tech Clinical Rounds

ASU/OHU

Dec	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2006	3	4	5	6	7	8	9
Suicidal Ideation	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A
Current MHSDS Status: ☑CCCMS ☐EOP ☐MHCB				Current Placement: ☑ASU ☐OHU			
Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature	[signature]	[signature]	[signature]	KC	KC	KC	KC

Med Compliant? row (handwritten across the row): SEE N/AR

Weekly Summary: 12/9/06 I/M stable cooperative & in no acute MH. distress — K. Connell PT

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72323 DOB __/__/__

State of California, Department of Corrections -- Institution: SCC Prior Page Number: ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.
SCC
Weekly Summary of Psych Tech Clinical Rounds
ASU/OHU

Nov-Dec.	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2006	11/26	11/27	11/28	11/29	11/30	12/1	12/2
Suicidal Ideation	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A
Current MHSDS Status: ☒CCCMS ☐EOP ☐MHCB				Current Placement: ☒ASU ☐OHU			
Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature	[signature]	[signature]	KC	[signature]	[signature]	K Cowie	KC

See Back

Weekly Summary

Scheduled for IDTT 11/29

Schedule for ICC 11/30/06 K Co

12/2/06 I/m stable - In no acute mental distress at this time. [signature]

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: CUNNINGHAM First Name: MI: CDC # V-72323 DOB __/__/__

Clinical Summary Outline for ICC

Institution Name: SCC **Housing, prior to AD/SEG:** ________

1. Inmate Name and CDC#	Cunningham V72323
2. Date placed in AD/SEG	
3. a. Documented reason(s) for placement in AD/SEG b. Inmate's perception of incident	Safety
4. Type of Review (circle one)	114-D Review (Initial ICC) 30-day Review RVR
5. Single cell/Double cell suitability (circle one)	Single cell (Double cell)
6. a. Apparent ability to understand Due Process, including the disciplinary and classification process (circle one) b. Needs staff assistant	(Yes) No Unable to determine Yes (No)
7. MHSDS current Level Of Care (circle one)	Non-patient (CCCMS) EOP MHCB
8. Date first included in the MHSDS	
9. Response to treatment (circle one)	Poor Fair (Good) (Medication complaint) non-complaint Unable Unwilling
10. Behavioral Alerts	Suicidal behavior/risk Assaultive behavior/risk Vulnerable (likely to be victimized) ADL adequate Needs assistance
11. IDTT Recommendation for Level of Care (circle one)	Non-patient (CCCMS) EOP MHCB
12. Prognosis for stabilization, if AD/SEG placement continues (circle one)	Poor Guarded Fair (Good)
13. IDTT Recommendation for alternative placement (circle one)	CCCMS (GP) L4 EOP PSU DMH
14. IDTT Recommendation--Other	

ICC date and action: 11/30/06. Hold pending transfer

Inmate behavior during ICC and response to ICC action: Agitated, angry, understood, finally agreed

Next ICC scheduled for: ________

ICC decision overruled IDTT recommendation for alternative placement. Special Review is scheduled for: ________

Allen [signature] 11-30-06

Clinician's Name Signature Date

GAP 2545

ASU INTERDISCIPLINARY TREATMENT TEAM REVIEW

DATE: 11-29-06

Members present:
- (✓) L. Allen, Ph.D
- (✓) Maddox, MD, Psychiatrist
- ( ) R. Otto, Ph.D
- ( ) L. Brady, LPT
- (✓) L. Day, LPT
- (✓) Inmate attended
- (✓) C/O Hope
- (✓) CC Esquer
- ( ) CCII

Reason for Review:
- (✓) Initial Review
- ( ) Treatment Plan Review
- ( ) Annual Review
- (✓) Case Review
- ( ) Program Removal
- ( ) AD SEG Placement
- ( ) Other:

Administrative Segregation Issues (if applicable)

Date of AD SEG Placement: ______ *Initial ICC Date:* ______ *Next ICC Date:* ______
Reason for Placement: ______

Current AD SEG Disp: ______

Pertinent Case Factors Discussed: ( ) *Treatment Plan Reviewed and Signed*

Team Input/Recommendations: ( ) *Not Applicable*

Action Plan: ( ) *See Treatment Plan*
Other: ICC tomorrow

( ) *Appropriate Chrono Completed* *Next Review Date:* ( ) ______

Clinical Case Manager: (circle one) *L. Allen, Ph.D* *None* *INMATE:* Cunningham

Signature: [signature] *NUMBER:* V2323

IDTT AdSeg.doc

State of California, Department of Corrections–Institution: S.C.C Prior Page Number:

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
5/9/06	Chart Review F/U p IDTT (4/27/06)
	– I.M. apparently referred by DR Church (note 3/3/06) to IDTT "for review". ? I.M's concern re: possible housing Δ to gym.
	– IDTT 4/27/06 Rec: /Action Plan/Other as follows:
	– Cont. Same Tx Plan
	– Cont. CC Mgt F/U ≈ 30 days (this clinician if I.M. cont. housing Bldg 5)
	– I.M. assessed as "Not EOP" (at IDTT & prior evals SEE note/MH 3 5/3/06
	– I.M due for IDTT Annual ≈ 7/21/06
	– Update MH 2 (last 7/21/05), prior to "
	– Update MH 4 (last 7/13/05) PRN, " "
	– I.M stable, however requesting appt c̄ Psychiatrist, DR Church (specifically) re: desires "Benadryl", ? sleep disturbance vs. ↓ tolerance for delay in sleep onset.
	– Appt c̄ Dr. Church 5/18/06 re: aforementioned.
	* Note: In last sev contacts c̄ this clinician I.M appears c̄ request/concern c̄ secondary gain &/or apparent underlying motive(s).
	T. Moore, PhD
	T. Moore, PhD.

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MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE C3 Inpatient Outpatient	Last Name: First Name: MI: Cunningham, Jame CDC# V72323 DOB 2/16/58

VDS-20399

State of California, Department of Corrections–Institution: S.C.C Prior Page Number:________

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

[EPRD 2014]

Date/Time:	Use Name & Title Stamp.
5/3/06	4 Note - CM 90 Day F/U (1st Mtg. c this clinician, met I.M. at IDTT)
S:	"I'm ok. sometimes pretty good, other times not .... yeah I wanted to go EOP so I can move closer to my family [San Diego]..." I.M. spec. c/o "I'd like the Benadryl back... for sleep..."
O:	I.M. is a S, 50 y.o., well-nourished, nicely groomed AA fa of 6 (5-30 yrs of age), & c his mo. alive & well. (Misinformed re: EOP, inter CDC transfers, etc... Open-minded & seemingly comprehended info., appreciative of same.) Mood = ^ dysthymic, but broad range approp affect, congruent to content of discussion. Clearly denies current S/H. I Ø hx S/A's; (+) hx violence. Ox4, speech spontaneous, clear, coherent, organized, Ø report/evid. of psychotic sxs/process. (Hx: ? A/H. see prior Delta Case). I & J - fair → good at this X. Historically - insight severely limited c grossly impaired judgment ? 2° sub. use/abuse. Minimizes this I/I. I.M. vaguely mentions some sleep disturbance, but Ø signif. ↓/↑ reported.
A:	(Prov) Dx: Axis I Dep D.O. NOS ETOH Dep. Ø acute issues, concerns... would like Psychiatrist appt re: Benadryl
P:	- F/U CM ≈ 30 days (if EOP, if I.M. assigned to this clinician c ↑ info.) - Psychiatrist Appt. per sched. ≈ 1 month, vs. I.M. req.

Page #______

J. Moore, PhD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE C3 Inpatient Outpatient	Last Name: First Name: MI: Cunningham, Jame CDC# V72323 DOB 2/16/58

VOS 20399

SIERRA CONSERVATION CENTER
INTERDISCIPLINARY TREATMENT TEAM REVIEW

DATE: 4/27/06

Members present: Moore, T. PhD

Members present	Reason for Review
(X) Alexander, PhD, Staff Psychologist	( ) Initial Review
(X) Otto, PhD, Senior Psychologist	( ) Treatment Plan Review
(X) Allen, PhD, Staff Psychologist	( ) Annual Review
( ) Backlund, PhD, Staff Psychologist	( ) Program Review
( ) Sanchez, LCSW	( ) Program Removal
( ) Hardcastle, PhD, Staff Psychologist	( ) Case Review
(X) Lancaster, PhD, Staff Psychologist	( ) AD SEG Placement
( ) Savage, PhD, Staff Psychologist	( ) Other ______
( ) Halliburton, PhD, Staff Psychologist	( ) ______
( ) Palmer, MD, Staff Psychiatrist	
(X) Lemp, MD, Psychiatrist	
(X) CCI Clark	
( ) Inmate attended	

Date of AD SEG Placement ______ Initial ICC Date ______ Next ICC Date ______

Reason for Placement ______

Current AD SEG Disp. ______

Pertinent Case Factors Discussed ( ) Treatment Plan Reviewed and Signed

Team Input/Recommendations ( ) Not Applicable

Action Plan ( ) See Treatment Plan

Other: follow up – Not E.O.P. Candidate at this time

( ) Appropriate Chrono Completed Next Review Date ( ) ______

Clinical Case Manager T. Moore PhD INMATE Cunningham, J.

Signature T. Moore, PhD NUMBER V72323

IDTT#1